Upper Valley ENT & Allergy – Jay McMaster D.O. – Barry Peterson, D.O. – Dan Weber, PA-C

256 North 2nd East Rexburg, ID 83440 – ph: (208) 656-9646 – fax: (208) 656-9645 – www.uventallergy.com

FINANCIAL INFORMATION

APPOINTMENTS – 24 hour notice must be provided in the event you cannot keep an appointment. Should you not provide this notice a cancellation fee of $30 may then be added to your account.

REFERRALS – If your plan requires a referral from your primary care physician, it is YOUR responsibility to obtain it prior to your appointment and have it with you at the time of your visit. If you do not have your referral, **YOUR VISIT MAY NOT BE COVERED AND YOU WILL BE PERSONALLY RESPONSIBLE FOR THE SERVICE**.

PRIVATE INSURANCE AUTHORIZATION FOR ASSIGNMENT OF BENEFITS/INFORMATION RELEASE: I, the undersigned, authorize payment of medical benefits to Upper Valley ENT & Allergy PLLC for any services furnished. I understand that I am financially responsible for any amount not covered by my contract. I also authorize any holder of medical information about me to release to my insurance company (or their agent) information concerning health care, advice, treatment or supplies provided to me. This information will be used for the purpose of evaluating and administering claims of benefits.

MEDICARE – Upper Valley ENT & Allergy will submit claims to Medicare. The patient will be responsible for the deductible and the 20% co-insurance, which can be billed to a secondary insurance if you have one.

MEDICARE LIFETIME SIGNATURE ON FILE: I, the undersigned request that payment of authorized Medicare benefits be made on my behalf to Upper Valley ENT & Allergy PLLC for any services furnished to me. I authorize any holder of medical information about me to release to the CMS (and its agents) any information to determine these benefits payable for related services. This information will be used for the purpose of evaluating and administering claims of benefits.

MEDICAID – Upper Valley ENT & Allergy is a Medicaid Provider. Any charges not covered by Medicaid may be the patient's responsibility to pay. If your Healthy Connection Provider does not refer you to Upper Valley ENT & Allergy, Medicaid will not pay and you will become responsible for the charges associated with your services.

OUT OF NETWORK PLANS – You will be responsible for any balance your plan indicates as due on their explanation of benefits form. We will adjust the charges to coincide with your plan's UCR (Usual, Customary and Reasonable) charges. All patients will be responsible for their co-insurance and deductible. If we do not 'participate' with your plan, we will send a courtesy bill to that carrier on your behalf. However, should they not pay your claim within 60 days, you will be responsible for the full amount due. Should you receive payment from your insurance carrier, please forward it to the physician's office.

CO-PAYMENTS – Please be prepared to pay the co-pay at each visit. By law we MUST collect your carrier designated co-pay and it is expected at the time of service. Should you not pay at the time of service and we subsequently send you a statement, an administrative fee of $20 may be added to your account.

SELF-PAY PATIENTS – Payment is expected at the time of service.

WE ACCEPT CASH, CHECKS, MASTERCARD, VISA, OR DISCOVER CARD. If your check is returned unpaid, your account will be debited electronically for the original amount and electronically or via paper for the state's maximum allowable service fee. Payment by check constitutes authorization of these transactions. You may revoke this authorization by calling (800) 666-5222 ext 2, to arrange payment for any outstanding checks and service fees due.

FINANCE CHARGES – If the balance due is not paid within 15 days of the billing date a finance charge of 1.5% (18% annual percentage rate) on the unpaid balance will be imposed. For accounts not covered by insurance, finance charges will commence in the month following the date of service.

COLLECTIONS – You are responsible for the timely payment of your account. Should it become necessary for us to use an outside agency to collect payment from you, you will be additionally responsible for whatever charges we incur as a result of this.

DIVORCED/SEPERATED PARENTS OF MINOR PATIENTS – The parent who consents to the treatment of a minor child is responsible for payment of services rendered; Upper Valley ENT & Allergy LLC will not be involved with separation or divorce disputes.

THANK YOU for taking the time to review our policies. Please feel free to ask any questions or share with us special concerns.

Patient's Name: _____ DOB: _____

Responsible Party Signature: _____ Date: _____

Print Name: _____ Relationship: _____